	2	2007 DELAWARE INDIVIDUAL NON-RESIDENT INCOME TAX RETURN FORM 200-02								DO NOT WRITE OR STAPLE IN THIS AREA									
	Yo	or Fiscal year beginning and ending  Your Social Security No. Spouse's Social Security No.																	
	(Anath Labellier) Do Not cover cooks																		
ATTACH LABEL HERE	Yo	(Attach Label Here) <b>DO NOT COVER SOCIAL SECURITY NUMBERS</b> Your Last Name First Name and Middle Initial Jr., Sr., III., etc.																	
	Sp	Spouse's Last Name Spouse's First Name Jr., Sr., III., etc.																	
CHLAE	Present Home Address (Number and Street) Apt. #								-										
ATTA	City State Zip Code								-										
	FILING STATUS (MUST CHECK ONE)  1. Single, Divorced, Widow(er)  3. Married & Filing Separate Forms								Check if FULL-YEAR non-resident in 2007 give the dates you resided in Delaware.										
	2.	Joint 5. Head of Household					ehold	Form DE2210 Attached From				Month	Day	2007	To _	Month	2007 <b>Day</b>		
	37. DELAWARE ADJUSTED GROSS INCOME (Enter amount from reverse side, Line 30B, Colum										umn 1	)		37					0
	38.	. , ,	u elect the STAI tuses 1, 3 & 5 -				ck here. 2 - \$650	00				a. [							'
	39.	(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36 b.  3. ADDITIONAL STANDARD DEDUCTIONS (Not Allowed with Itemized Deductions - see instructions)											38					0	
		CHECK	BOX(ES)		1								1						- 1 -
SHERE			USE was 65 or			r Blind	<u> </u>	If YOU were 65 o			or Bli			39					0
	40.							ter here						40					0
	41.		oility Computa		Line 40	from I	ine 37	, and Compute		Tax Liability				41					0
		A Line 30	Α		00	Ė		on Decimal ctions, page 10)	x [	Table/	Schedu		7						
							•		^ _			100		42					0
	43a	PERSONAL CREDITS (If Filing Status 3, see instructions on page 11)  Ba Enter number of exemptions claimed on Federal returnX  Multiply this amount by the proration decimal on Line 42 (X								= d enter to	tal he	 re		43a					0
ORM	43b	CHECK B	SOX(ES) Spo	use 60 or	Over (if fi	iling sta	atus 2)	Self 60	or Ove	r									
STAPLE W-2 FORMS HERE		Enter nun	mber of boxes ch	necked on	Line 43b			X \$110. =						401					
			his amount by th	•			,			nter total he	ere			43b					0
	44.			•				. I and other state		1441			00	44					
	45.		Other Non-Refundable Credits (See instructions, page 11)										00	45					
	46.	Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45												46					0
	47.	BALANCE	E. Subtract Line	e 46 from	Line 42.	If Line	46 is g	reater than Line 4	2, ente	er "0" (Zero	o)			47					0
	48.		·							1.0			00	48					
STAPLE CHECK HERE	49.	2007 Est	imated Tax Paid	l & Payme	ents with	Extens	ions			49			00	49					
	50.	S Corpor	ation Payments	(Form 11	100S/A-1	Requi	red)			· 50			00	50					
	51.							D						51					0
	52.							d enter here						52					0
	53. 54.					47 fror	n 51 an	d enter here			OVE	RPAYN	MENT >	53					0
	54.		IBUTIONS TO S n-Game Wildlife	SPECIAL		00	F.	Organ Donations			00								
			. Olympics			00		Diabetes Educ.			00	<b></b>							
		C. Eme	ergency Housing	g		00	Н.	Veteran's Home			00								
			Idren's Trust			00		DE National Guar	-		00	_			_				
			ast Cancer Educ			00		Juv. Diabetes Fun			00			TOTAL		54			0
	55.	AMOUNT	OF LINE 53 TO	) BE APPI	LIED TO	2008 E	STIMAT	ED TAX ACCOUN	IT					.ENTER	> 5	5			0
	56.	•												· -	6			0	
	57.														´  -	7			0
	58.	58. NET REFUND. Subtract Lines 54, 55 and 56 from Line 53													<u> </u>	is true	correct	and comple	00
	X								accompanying schedules and statements, and believe it is true, correct and complete						ic.				
	Your Signature Date X								Signature of Paid Preparer					Date		_			
		Spouse's Signature (If filing joint)  Date							Address-Zip Code  Business Phone EIN. SSN. OR PTIN										
	nom.	me Phone Business Phone						Business Phone							EIIV. SSI	N. UK PIIN			

E-Mail Address

E-Mail Address

## 2007 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SEC	TION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN	COLUMN 1	Income/Loss COLUMN 2
1.	Wages, salaries, tips, etc	00	00
2.	Interest	00	00
3.	Dividends	00	00
4.	State refunds, credits or offsets of state & local income taxes	00	00
5.	Alimony received	00	00
6.	Business income or (loss) (See instructions on Page 6)	00	00
7a.	Capital gain or (loss)	00	00
7b.	Other gains or (losses)	00	00
8.	IRA distributions	00	00
9.	Taxable pensions and annuities	00	00
10.	Rents, royalties, partnerships, S corps, estates, trusts, etc	00	00
	Farm income or (loss)	00	00
12.	Unemployment compensation (insurance)12	00	00
13.	Taxable Social Security Benefits	00	00
14.	Other income (state nature and source)14	00	00
15.	Total income. Add Lines 1 through 14 15	00	00
16.	Total Federal Adjustments (See instructions on Page 6)	00	00
17.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15	00	00
SEC	TION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS ( + )	COLUMN 1	COLUMN 2
18.	Interest received on obligations of any state other than Delaware	00	00
19.	Fiduciary adjustment, oil depletion	00	00
20.	TOTAL - Add Lines 18 & 19	00	00
21.	Add Lines 17 & 20	00	00
SEC	TION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS ( - )	COLUMN 1	COLUMN 2
22.	Interest received on U.S. Obligations	00	00
	Pension/Retirement Exclusions (For a definition of eligible income, see instructions on Page 7) 23	00	00
24.	Delaware State tax refund, Delaware Lottery	00	00
25.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward	00	00
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion 26	00	00
27.	TOTAL - Add Lines 22 through 26	00	00
28.	Subtract Line 27 from Line 21 and enter here	00	00
	Exclusion for certain persons 60 and over or disabled (See instructions on Page 8) 29	00	00
30A	Column 2. Subtract Line 29 from Line 28. This is your modified Delaware Source Income.  Enter on front side Line 42, Box A	3∩∆	00
30B	. Column 1. Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.		
	Enter on front side Line 37 and Line 42, Box B	00	
	TION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)	COLUMN 1	1
	Enter total Itemized Deductions (If Filing Status 3, see instructions on Page 8)	00	
	Enter Foreign Taxes Paid (See instructions on Page 8)	00	
	Enter Charitable Mileage Deduction (See instructions on Page 8)	00	
	TOTAL - Add Lines 31, 32, and 33	00	
	Enter State Income Tax included in Line 31 above (See Instructions on Page 8)	00	
36 35D	Enter Form 700 Tax Credit Adjustment (See instructions on Page 9)	00	
30.	Subtract Line 35a and 35b from Line 34. Enter here and on front, Line 38	00	
	SECTION E - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly		
	to your checking or savings account, complete boxes a, b and c below. See instructions for details.		
	a. Routing Number b. Type: Checking Savings	DATE OF	DEATH
	a Account Number	SPOUSE	TAXPAYER
	c. Account Number	Month Day Year	Month Day Year
	NOTE: If your refund is adjusted by \$10.00 or more, a paper check will be issued and mailed to the address on your return.	Monar Day real	monar Day roa
	NET BALANCE DUE (LINE 57). NET DEFLIND (LINE 58).	7EPO (I	INE 50\.

NET BALANCE DUE (LINE 57):

## NET REFUND (LINE 58):

## **ZERO (LINE 58):**

DELAWARE DIVISION OF REVENUE P.O. BOX 8752 WILMINGTON, DE 19899-8752

DELAWARE DIVISION OF REVENUE P.O. BOX 8772 WILMINGTON, DE 19899-8772

DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

Delaware Source